

Foster Family Home - Corrective Action Report

Provider ID: 1-200065

Home Name: Rhea Joy Nabua, CNA

94-144 Kaaholo Place

Waipahu

HI 96797

Review ID: 1-200065-1

Reviewer: David Ayling

Begin Date: 1/5/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 2/5/21.

Foster Family Home

Information Confidentiality

[11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

— 16.b.5 No confidentiality or privacy training present for any caregiver or adult household member.

Foster Family Home

Personnel and Staffing

[11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

— 41.b.7 CG#6 had a TB test done on 1/4/21, the results are not available yet.

Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

— 54.a.1 The evacuation map present does not clearly identify rooms and exit paths from the rooms.

Compliance Manager

Primary Care Giver

Date

Date

CTA RN Compliance Manager: DAVID AYLING

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: RHEA JOY D. NABUA


(PLEASE PRINT)

CCFFH Address: 94-144 KAAHOLO PLACE WAIPAHU HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
16.b.5	Provider will provide training to all employees and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.	1/11/21	CCFFH will make sure to have trainings of all caregivers and household members that is signed and placed in the binder.
41.b.7	CG #6 had a TB test done on 1/04/21 and got a negative result last 1/06/21 and it was placed into home record.	1/06/21	Home will use wall Calendar to identify when requirements are due to prevent them from expiring, CCFFH will inform all caregivers and household members when an item is due two weeks before it is due.
54.a.1	Provider will provide evacuation map present that is clearly identified rooms and exit paths from the rooms.	1/09/21	Home will make sure to have Emergency Preparedness Floor Plan for safety of everyone in case of emergency.

☒ All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 01-12-2021

☒ CTA has reviewed all corrected items